

or in those who had had previous inflammation of the canal. He would therefore advise against this form of exercise in all cases of chronic affections of the urinary tract. Saddles with sharp pommels are especially harmful.

ALDHUY (*Gaz. hebdom.*; *Frauenarzt*, February 18, 1898) reports cases of erythema, hæmatoma, abscesses and anæsthesia of the perineal region, polyuria, and urethritis, but believes that the benefits outweigh the evil results of bicycling.

Intra-pelvic Displacement of the Appendix.—BARUSHY (*Presse Médicale; Frauenarzt*, February 18, 1898), from an examination of 121 subjects of all ages, notes the following results: In the fœtus and newborn the deep position of the appendix was noticed in only three cases, while in twelve old women it was found eight times. Out of one hundred young subjects, in sixty-one the tip of the appendix was found as low as the brim of the pelvis; in thirty-two of these the appendix actually occupied the pelvic cavity, being in close relation with the rectum, bladder, uterus, or posterior surface of the broad ligament.

Influence of Menstruation on Chronic Psychoses.—NÄCKE (*Archiv für Psychiatrie; Frauenarzt*, February 18, 1898) analyzed 99 cases, with the purpose of recording the influence of menstruation upon insanity; these included 57 cases of paranoia, 23 of hallucinations, 12 of mania or melancholia, and 7 of idiocy. In 73 cases the patients were observed during from eight to fifteen periods, in all during not less than four. In 65 the influence of menstruation was *nil*, doubtful in 16, and certain in only 16. The results ordinarily observed were increased vasomotor pressure, restlessness, increase of hallucinations and rarely erotic impulses.

The writer infers that in general menstruation in the chronically insane differs but little from the function in healthy women, and its influence on the course of the malady is slight and inconstant.

Metrorrhagia due to Liver Disease.—DALCHI (*Frauenarzt*, February 18, 1898) affirms that the relation between hepatic affections and metrorrhagia is undoubted. It is most marked in cholelithiasis. The flow becomes more profuse after the attacks of colic, and may reappear after the normal period, lasting several days. After repeated colicky seizures the menstruation becomes irregular, and may cease. If the patient has uterine disease hemorrhage occurs between the periods. Metrorrhagia is common in the early stages of cirrhosis; later, amenorrhœa is present. Hepatic tumors and icterus of septic origin may also be attended with uterine hemorrhage.

Rupture of the Vagina during Coitus.—WARMAN (*Centralblatt für Gynäkologie*, 1897, No. 24) considers this accident from a medico-legal standpoint. He shows that, contrary to the usual view, it is less apt to occur during rape, even in children or in women with small, rigid vagina, than in cases of violent coitus in which the female herself is under the influence of strong sexual excitement. In twenty-six cases analyzed by the writer there were only three in which rape was charged, and even these were doubtful. In

most instances the vagina was capacious and the tissues presented no abnormality; in fact, it was impossible to discover from an examination of the parts any cause for the lesion. Unusual size of the penis did not appear to be a factor, nor did the position assumed during the act.

The explanation of the frequency of rupture during impetuous, voluntary intercourse, as compared with its rare occurrence in rape, seemed to be that in the former case the vagina was projected violently toward the penetrating organ, while in the latter it was drawn away by the muscular efforts of the victim.

Malignant Fibro-cyst of the Uterus.—VITRAG (*Annales de Gynécologie et d'Obstétrique*, January, 1898) concludes a paper on non-epithelial malignant tumors of the uterus as follows: Certain neoplasms which originate in the connective or muscular tissue of the uterus, usually described as sarcomata, are really fibromata or myomata. By reason of their embryonic character these are, however, to be regarded as malignant. The neoplastic elements develop around the vessels and in their walls, in the connective tissue, hence the tumors are to be regarded as fibromata.

As these growths are prone to cystic degeneration, the writer suggests for them the name "malignant polycystic fibroma."

Carcinomatous and Sarcomatous Degeneration of a Uterine Fibroma.—IVANOFF (*Wretch*, 1897, No. 50) describes a rare form of degeneration of an adeno-fibroma in a woman, aged forty-seven years, who succumbed to operation. The tumor consisted of two portions, one on the posterior surface of the uterus which presented the ordinary microscopical appearances of spindle-celled sarcoma, and another which projected into the vagina and showed the structure of a typical adeno-carcinoma. The growth also contained connective and smooth muscle fibres, glands, and cavities lined with cylindrical epithelium. The writer infers that the neoplasm was originally an adeno-fibroma in the posterior uterine wall. In consequence of some unknown irritation sarcomatous and adenomatous degeneration occurred simultaneously, the original fibroma being transformed into an adeno-sarcoma, while the adenomatous portion penetrated the posterior vaginal wall and subsequently became the seat of carcinomatous degeneration.

Histology of the Prolapsed Uterus.—ALEXIEFF (*Inaugural Thesis*; abstract in *La Gynécologie*, February 15, 1898), after careful microscopical studies of the vaginal portion of the uterus in ten cases of complete prolapsus, states his conclusions as follows: The mucous membrane of the cervix is usually cornified, and erosions and even true ulcerations are common. The glands of the cervical canal are increased in number and size, and become sacculated. The veins and lymphatics of the portio are dilated, and chronic endarteritis is present, which sometimes results in complete occlusion of the lumen. The muscular bundles in the portio are scanty, while the interstitial connective tissue is greatly hypertrophied. Infiltrations of round cells are observed, especially in the neighborhood of the vessels and glands. There is no change in the number or appearance of the elastic fibres.